

14-week Fall sessions: September 12/2016 to December 18/2016								<b>Fees</b>	
20-Winter-Spring sessions: January 2 to May 28/2017								<b>Details of payments</b>	
Recreational gymnastics	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	<i>Fall 2016 14weeks</i>	<i>Win/ Spr. 2017 20 weeks</i>
<b>**Tots R us</b> 18mos-3yrs Parents/Tots .45min co-ed		9:30 -10:15		10:30-11:15	10:15-11:00	9:15-10:00	9:30-10:15	\$295	\$430
<b>**Gym Bees</b> 3 - 4yrs co-ed Kinder gym 1hr	6:00-7:00		6:00-7:00	5:00-6:00	6:00-7:00	9:00-10:00 10:00-11:00	10:15-11:15	\$330	\$475
<b>Beamers &amp; Hoopers</b> 4-5yrs Recreational 1hr.15 min	7:00-8:15	5:45-7:00 7:00-8:15	7:00-8:15	6:00-7:15 7:15-8:30	6:45-8:00	10:00-11:15 11:15-12:30	11:15-12:30	360	555
<b>Artistic Rhythms 1</b> 6-8yrs Advance recreational 1,5hrs	7:30-9:00	5:30-7:00	5:30-7:00	7:15-8:45	5:15-6:45	9:45-11:15 11:15-12:45	12:30-2:00 10:15-11:45	\$425	595
<b>Artistic Rhythms 2</b> 8 -13 yrs Advance recreational 2hrs	5:30-7:30	7:00-9:00	7:00-9:00	5:15-7:15	7:00-9:00	10:00-12:00 12:00-2:00		\$520	\$730
<b>Jumpions</b> 9-13yrs Gymnastics: 2hrs/wk <b>DanceFusion</b> 8-13yrs 1,5hrs/wk <b>Chose one gym &amp; one dance class</b>	5:30-7:30	7:00-9:00		5:15-7:15	7:00-9:00	10:00-12:00 12:00-2:00	11:45-1:45	\$685	\$1045
			5:30-7:00 7:00-8:30 DanceFusion			2:15-3:45 DanceFusion			
<b>Gym Warriors Gym &amp; Acro</b> 4-5yrs & 6-8yrs Boys class Recreational 1hr			6:45-7:45 4-5yrs 7:45-8:45 6-8yrs					\$330	\$475

**Registration form** You can fill out this form on your computer and e-mail it to us as an attachment. We will register your child once full payment is received.

Child's First name: Last name: DOB:d/m/y M/F

Address: street Apt # City: Postal Code

Telephone Cell E-mail

Parent' first name Health card # Past injuries

Allergies How did you learn about us? Day school attending

Waiver: The undersigned hereby agrees to hold Toronto Aspirals Rhythmic Gymnastics Centre, and Gymnastics Ontario harmless from any and all injuries arising out of the activities at any facility at any time or use of equipment, whether accidental or otherwise.

Parent's name: Signature : Date

